

Important Information

Please Read Before Completing Enclosed Form

This document will be scanned. Please help us to process your form quickly by following the direction below.

- ☐ Use only black ink.
- ☐ Write only within the green boxes and ovals.
- ☐ Write numbers clearly in block form. Do not insert commas between numerals.
- ☐ Fill in ovals completely. Do not use ✓ or X.
- ☐ Return only the original, no photocopies, Fax's, or duplicates of any kind.
- ☐ Do not mail attachments or cover sheets. You will be contacted if additional information is required.
- ☐ Comments are not necessary. You will be contacted if additional information is required.
- ☐ Elected officials of the Commonwealth, its Counties, Cities and Towns are not covered by the Unemployment Insurance Law. In this case, use the comments section of the form to indicate that this employee was an elected official.
- ☐ Avoid making stray marks such as check marks.
- ☐ Do not use staples on the form.
- ☐ Do not use time/date stamps or rubber stamps
- ☐ If wages are required in Section 5, be certain to provide wage data.

Register now on www.mass.gov/dua to complete and submit future forms on the web

- ☐ Under Online Services click UI Online For Business

For additional information, visit www.mass.gov/dua. Click on **Business Services**, then **Employer Forms**.

1. Your DUA account number. Please verify that it is correct. If needed, a corrected number can be entered in the boxes on the right side of this section.

2. Information on the person who filed the claim.
Check the pre-printed information on the claimant and complete the dates requested.


3. The claimant's employment status. You need to fill in one reason. There is limited space for comments, with additional space on the reverse side of the form, if needed.

4. Payments other than wages. There are four choices. Indicate any/all that apply to the claimant.

5. Wage information. There is space for five calendar quarters/ wage periods – labeled A-E. Some wages—reported by you to the Massachusetts Department of Revenue (DOR)—may be pre-printed. The word “None” will appear if there are no wages on file.

- Check that all pre-printed amounts are accurate.
- Correct any inaccurate amounts.
- Enter gross wages for any other quarters listed if wages were paid to the claimant. Sometimes wages may be requested for a partial calendar quarter. When this happens, be sure to provide wages for that period only, not for the entire quarter.

6. Contact information. Complete this section by providing information on the person who should be contacted for information on the claimant's separation from work. There is also a certification statement and a place for the name and signature of the person who completes the form.

 <p><small>The Commonwealth of Massachusetts Department of Labor and Workforce Development Division of Unemployment Assistance</small></p>	1 2345678 DÖE 310103 033103 001 0303201541530001 11111111 1062 P.O. Box 9694 Boston, MA 02114	This form is mailed on March 19, 2003 <div style="border: 1px solid black; padding: 5px; display: inline-block;">Due Date: March 31, 2003</div> Important! <i>To protect your rights to dispute this claim and any charges to your account that may result, this request must be <u>completed in full</u> and postmarked or faxed by the due date indicated above.</i> Contact us at: ☎ (617)626-5039 <i>For more information on completing this form.</i>																		
<h2 style="margin: 0;">Unemployment Insurance Request for Information</h2> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> ABC COMPUTER SYSTEMS INC 280 WORCESTER RD FRAMINGHAM, MA 01702 </div>																				
<p>ONLY use Black or Blue Ink! You can check your address online at: http://www.dor.state.ma.gov/online/default.htm. For assistance, call: (617) 626-5040.</p>																				
1. Verify your DET Account number, 12-345678	Make any corrections here: [] - [] - [] - [] - [] - [] - [] - [] - [] - []																			
2. This individual has filed a claim for Unemployment Insurance benefits, naming you as a former employer. Name: Jane Doe Claim File Date: 03/18/03 Provide the start date and last physical day at work SSN: 111-111-1111 Claim Effective Date: 03/16/03 [M][D][Y] - [M][D][Y] - [M][D][Y]																				
3. Read all of the statements carefully then fill in the <u>one</u> reason that best reflects the status of this claimant.	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> Laid Off or Hours Reduced by Employer Indicate recall date, if any <input type="radio"/> Discharge for deliberate misconduct or violation of company rules or policy, including absenteeism or tardiness. <input type="radio"/> Suspended for violation of company rules or policy. <input type="radio"/> Discharged or quit due to a conviction of a felony or misdemeanor. </div> <div style="width: 45%;"> <input type="radio"/> Released due to inability to meet performance standards. <input type="radio"/> Misconduct or violation of company rules or policy. <input type="radio"/> On strike or locked out. <input type="radio"/> On leave of absence (Explain reasons in comments) <input type="radio"/> Reasonable assurance of reemployment (rededucational institution only) <input type="radio"/> Still employed or on call </div> </div>																			
Comments (Optional): _____																				
4. At separation, did this individual receive or apply for any of these types of payments:	5. Provide the amount of <u>Massachusetts gross wages paid</u> to this claimant during each of the periods listed.																			
<input type="checkbox"/> Vacation Pay ? <input type="checkbox"/> Retirement Benefits ? <input type="checkbox"/> Severance Pay ? <input checked="" type="checkbox"/> Employee signed a release of claims required to receive all severance pay	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Wage Period</th> <th style="width: 20%;">Gross Wages on File</th> <th style="width: 70%;">Enter Gross Wage or Correct Wages on File</th> </tr> </thead> <tbody> <tr> <td>A 01/01/02 thru 03/31/02</td> <td>NONE</td> <td>[\$][\$][\$][\$][\$][\$][\$][\$][\$][\$] </td> </tr> <tr> <td>B 04/01/02 thru 06/30/02</td> <td>NONE</td> <td>[\$][\$][\$][\$][\$][\$][\$][\$][\$][\$] </td> </tr> <tr> <td>C 07/01/02 thru 09/30/02</td> <td>NONE</td> <td>[\$][\$][\$][\$][\$][\$][\$][\$][\$][\$] </td> </tr> <tr> <td>D 10/01/02 thru 12/31/02</td> <td>NONE</td> <td>[\$][\$][\$][\$][\$][\$][\$][\$][\$][\$] </td> </tr> <tr> <td>E 01/01/03 thru 03/15/03</td> <td>NONE</td> <td>[\$][\$][\$][\$][\$][\$][\$][\$][\$][\$] </td> </tr> </tbody> </table>		Wage Period	Gross Wages on File	Enter Gross Wage or Correct Wages on File	A 01/01/02 thru 03/31/02	NONE	[\$][\$][\$][\$][\$][\$][\$][\$][\$][\$]	B 04/01/02 thru 06/30/02	NONE	[\$][\$][\$][\$][\$][\$][\$][\$][\$][\$]	C 07/01/02 thru 09/30/02	NONE	[\$][\$][\$][\$][\$][\$][\$][\$][\$][\$]	D 10/01/02 thru 12/31/02	NONE	[\$][\$][\$][\$][\$][\$][\$][\$][\$][\$]	E 01/01/03 thru 03/15/03	NONE	[\$][\$][\$][\$][\$][\$][\$][\$][\$][\$]
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6. Contact Name for Separation Information: [] [] [] [] [] [] [] [] [] [] Telephone: () () () () () () - () () () () () () Fax: () () () () () () - () () () () () () Employer Certification: These statements are true to the best of my knowledge and belief. Form Completed by: _____ Signature: _____																				



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF UNEMPLOYMENT ASSISTANCE